

February 10, 2015

HB 328

Dear Representatives of the House Judiciary Committee,

Hello, my name is Chris Gilbert. I reside in Missoula, MT, and I am a Family Physician practicing in Stevensville, MT. I am here to speak in support of House Bill 328.


"I will neither give a deadly drug to anybody who asks of it, nor will I make a suggestion to this effect." These words from the Hippocratic Oath have guided physicians for thousands of years, and continue to be a guiding principle in Western medicine today. Even the American Medical Association in their position statement on Physician-assisted suicide note it "is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks." Yet after thousands of years of thought and consideration on the matter, we are here today to again wrestle with this issue.

Physician assisted suicide is dangerous not only to patients, families and society, but it also destroys the foundations of health care. No longer is the physician a healer but rather an executioner. The doctor-patient relationship is forever altered, making it difficult for patients to trust their healthcare provider. We cannot have

laws that give freedom to rogue physicians to end patients' lives. This grants rights to the physician that are too powerful, making him judge, jury and executioner.

It is the opinion of the American Medical Association that "instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication." I urge you to take heed to the guidance of the physicians of this state and support House Bill 328.

Respectfully,

 MD MPH
Chris Gilbert, MD, MPH

Reference:

AMA Opinion on Physician Assisted Suicide

Opinion 2.211 - Physician-Assisted Suicide

Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (eg, the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. (I, IV)

Issued June 1994 based on the reports "Decisions Near the End of Life 🗑️," adopted June 1991, and "Physician-Assisted Suicide 🗑️," adopted December 1993 (JAMA. 1992; 267: 2229-33); Updated June 1996.

February 10, 2015

HB 328

Dear Representatives of the House Judiciary Committee,

My name is Jennifer Gilbert, and I reside and work as a Family Physician in Missoula. I am here to speak in support of House Bill 328.

I believe that legalizing Physician Assisted Suicide is dangerous, because it destroys trust, which is the foundation of the doctor-patient relationship. When patients come into my office, they will often tell me the most intimate secrets in their lives, they take off their clothes and they let me examine them. They share details that they often would not even share with their spouses because they know that I am not going to betray their trust or take advantage of them.

But to assume that physicians are ideal moral agents is foolish. We physicians can be wrong--in diagnosis, in prognosis, and in motive. We get tired; we get frustrated, especially when people are dying. It's tempting to solve doing away with the patient when you can't do away with the disease. It is the easy option for a busy, stressed or frustrated physician, as it takes no great skill to kill, but it does take skill to provide superb end-of-life care. And, because of the trust placed in me, I could easily convince a patient that death is a reasonable step, just by how I describe the patient's diagnosis and prognosis.

To give physicians too much power and to hold to the assumption that medicine does not need a moral boundary is dangerous. I know a lot of physicians that I would be happy to send my family members to, and I know others that I wouldn't send my dog to, and unfortunately if we legalize Physician Assisted Suicide, there is no good way to tell between the two. If we couldn't control Jack Kevorkian when it was illegal, what makes us think we can control 700,000 physicians when it is?

When you destroy trust, you will destroy healthcare. I already have to deal with mistrust from my patients for a myriad of reasons (pharmaceutical companies, electronic medical records, the government's role, and vaccines, just to name a few). The truth is, we have a lot of problems in healthcare, and we do not need this one added as well. Everyone has the right to commit suicide, but please do not make this part of a physician's job description.

Sincerely,



Jennifer C. Gilbert, MD